

# CAMPAIGN CONTRIBUTION AND EXPENDITURE REPORT

State and District Candidates Only

To be filed with:

Mark Martin, Secretary of State  
State Capitol, Room 026  
Little Rock, AR 72201  
Phone (501) 682-5070  
Fax (501) 682-3408

☐ Check if this report is an amendment

For assistance in completing  
this form contact:  
Arkansas Ethics Commission  
Post Office Box 1917  
Little Rock, AR 72203-1917  
Phone (501) 324-9600  
Toll Free (800) 422-7773

THIS FORM CANNOT BE USED FOR THE FINAL REPORT - ALL INFORMATION MUST BE COMPLETE  
THIS REPORT MUST BE FILED WITH THE SECRETARY OF STATE

1. Name of Candidate

JANE ENGLISH

Address

3 GREAT OAK COURT

City, State and Zip

NORTH LITTLE ROCK, AR 72116

Phone Number:

501-257-7670

Office Sought

SENATE

District Number:

34

Does the candidate have a campaign committee? ( ) Yes (X) No

If yes, complete the following:

Name of Chairperson/Treasurer:

Mailing Address:

Phone Number:

(Secretary of State File Stamp)

FILED

APR 14 2016

Arkansas  
Secretary of State

2. Type of Election: (check one only)

Year of Election: 2016

☐ Primary ☐ Primary Runoff ☒ General ☐ General Runoff ☐ Special

3. Type of Report: (check one only)

This report covers what period? (3/01/2016) through (3/31/2016)

☐ 10 Day Preelection

☐ First Quarter (due April 15)

☐ Second Quarter (due July 15)

☐ Third Quarter (due October 15)

☐ Fourth Quarter (due January 15)

☐ January Monthly

☐ February Monthly

☒ March Monthly

☐ April Monthly

☐ June Monthly

☐ July Monthly

☐ August Monthly

☐ September Monthly

☐ October Monthly

Special Elections Only:

☐ May Monthly

☐ November Monthly

☐ December Monthly

SUMMARY

FOR REPORTING PERIOD

CUMULATIVE TOTAL

4. Balance of campaign funds at beginning of reporting period

5,400

5. Interest (if any) earned on campaign account

0

0

6. Total Loans (enter total from line 12)

0

0

7. Total Monetary Contributions (enter total from line 18)

200

6,100

8. Total Expenditures (enter total from line 27)

48

48

9. Balance of campaign funds at close of reporting period

6052

10. ( ) NO ACTIVITY (check if you have not received contributions, loans, or made expenditures during this reporting period)

I certify to the best of my knowledge and belief that the information disclosed in this report is a complete, true, and accurate financial statement of my (the candidate's) campaign contributions and expenditures.

Signature of Candidate or Candidate's Representative

Sworn to and subscribed before me, a Notary Public, in and for

Pulaski

County, Arkansas, on this

14 day of April

2016



AMY JO WALTERS

No. 12696329

PULASKI COUNTY

Commission Expires 12-11-2025

Notary Signature

Amy Jo Walters

My Commission Expires:

12-11-2025

Note: If faxed, notary seal must be legible (i.e., either stamped or raised and inked) and the original must follow within ten (10) days

The law provides for a maximum penalty of \$2,000 per violation and/or imprisonment for not more than one year for any person who knowingly or willfully fails to comply with the provisions of A.C.A. § 7-6-201 through § 7-6-227. This report constitutes a public record. This form has been approved by the Arkansas Ethics Commission.

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## 11. LOAN INFORMATION

Please Type or Print  
Do not list loans previously reported

DATE	NAME AND ADDRESS OF LENDING INSTITUTION	GUARANTOR(S) IF ANY	AMOUNT
12. TOTAL LOANS DURING REPORTING PERIOD			\$ 0

### IMPORTANT

The limits on campaign contributions do not apply to loans or contributions made by a candidate from his or her own personal funds to the campaign, or to personal loans made by financial institutions to the candidate and applied to his or her campaign. Any loans made by a candidate to his or her campaign and any loans made by a financial institution to a candidate and applied to his or her campaign shall be reported in Section 11.

If a candidate desires to use or raise campaign funds to repay himself or herself for personal funds that he or she contributed to the campaign, then he or she would need to report those personal funds as a loan in Section 11.

If a candidate does not desire to use or raise campaign funds to repay himself or herself for personal funds that he or she contributed to the campaign, then those personal funds would not be reported in Section 11. Instead, they would be reported as a campaign contribution either in Section 15 or on line 17, depending upon the amount.

### 13. NONMONEY CONTRIBUTIONS

(Does not include volunteer services by individuals)

Date of receipt	Full Name and Address of Contributor	Description of nonmoney item	Value of nonmoney item	Cumulative Total From This Contributor
14. TOTAL NONMONEY CONTRIBUTIONS			0	

### IMPORTANT

In addition to monetary contributions, candidates are required to report the receipt of any nonmonetary ("in-kind") contributions. A candidate receives an in-kind contribution whenever a person provides him with an item or service without charge or for a charge which is less than the fair market value of the item or service in question.

The value of an in-kind contribution is the difference between the fair market value and the amount charged. In-kind contributions are addressed in greater detail in Sections 205 and 206 of the Commission's Rules on Campaign Finance & Disclosure.

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# 15. ITEMIZED MONETARY CONTRIBUTIONS OVER \$50

Please Type or Print

(Use Additional Copies Of This Page If Necessary)

Date	Full Name And Mailing Address Of Contributor	Place Of Business/ Employer/Occupation	Amount Of Contribution	Cumulative Total From This Contributor
3/5/16	LARRY L. DURBIN 8703 MAGNOLIA BLOOM CV CORDOVA, TN 38016	DOCTOR	<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input checked="" type="checkbox"/> General <input type="checkbox"/> Debt 250.00	250.00
3/12/16	CARLYN L. CANHAM 202 INDIAN HEAD DR SHERWOOD, AR 72120-3607	RETIRED	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input checked="" type="checkbox"/> General <input type="checkbox"/> Debt 200.00	200.00
3/19/16	OTILIO VASQUEZ 712 SILVER HILL RD NORTH LITTLE ROCK, AR 72118	RETIRED	<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input checked="" type="checkbox"/> General <input type="checkbox"/> Debt 100.00	100.00
3/19/16	PATRICIA GREENE 17 NIMROD COVE MAUMELLE, AR 72113	RETIRED	<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input checked="" type="checkbox"/> General <input type="checkbox"/> Debt 150.00	150.00
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
Subtotal of Contributions This Page			700.00	

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# ITEMIZED MONETARY CONTRIBUTIONS OVER \$50

Please Type or Print

Date	Full Name And Mailing Address Of Contributor	Place Of Business/ Employer/Occupation	Amount Of Contribution	Cumulative Total From This Contributor
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
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			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
<b>16. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OVER \$50</b>			700.00	
<b>17. TOTAL NONITEMIZED MONETARY CONTRIBUTIONS</b>			0	
<b>18. TOTAL MONETARY CONTRIBUTIONS THIS REPORT</b> (includes totals from lines 16 and 17)			700.00	

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**Please Type or Print**

<b>21. PAID CAMPAIGN WORKERS</b> (Include any person you paid to work on your campaign, does not have to be full-time worker)			
NAME OF WORKER	AMOUNT PAID	NAME OF WORKER	AMOUNT PAID
<b>22. TOTAL AMOUNT PAID CAMPAIGN WORKERS</b>			0

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### 23. ITEMIZED CAMPAIGN EXPENDITURES OVER \$100

**Please Type or Print**

(Use additional copies of this page if necessary)

[illegible]

**Note: All Expenditures Reflected on Lines 24, 25, and 26 Should Be Totaled by Category In Section 19**

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